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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 4461

SERIAL NUMBER 09/892,593	FILING OR 371(c) DATE 06/27/2001 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. SHP025.1
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/433,449 11/04/1999 PAT 6,280,420  
 and is a CIP of 09/434,036 11/04/1999 PAT 6,254,575  
 and is a CIP of 09/619,190 07/19/2000 PAT 6,592,556  
 and claims benefit of 60/254,506 12/08/2000  
 and claims benefit of 60/275,810 03/14/2001 ABN  
 and claims benefit of 60/275,886 03/14/2001  
 and claims benefit of 60/296,968 06/08/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/27/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	UT	59	93	11

Verified and  
Acknowledged

Examiner's Signature

Initials

## ADDRESS

55748

## TITLE

SAFETY SHIELD FOR MEDICAL NEEDLES

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input checked="" type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
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No. \_\_\_\_\_ for following:

time )

1.18 Fees ( Issue )

Other \_\_\_\_\_

Credit